

## PART B - FEE(S) TRANSMITTAL

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JUN 1 6 2005

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

06/14/2005

Colgate-Palmolive Company 909 River Road P.O. Box 1343

07/14/2005 Pipenessey0000008965502487 10719569

01 FC:1501 02 FC:1504

300.00 DA

1400.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Wendell Ray Guffey	(Depositor's name)
Werkell Ray Juffry	(Signature)
July 14, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/719,569	11/21/2003	Christina Khoo	7097-00	3558

TITLE OF INVENTION: COMPOSITION AND METHOD

AFFUN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$3300 \$51700 69/14/2005  EXAMINER ART UNIT CLASS-SUBCLASS  HENRY, MICHAEL C 1623 514-054000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  CRA 1.5640.  CRA 1.5640.							
EXAMINER  ART UNIT  CLASS-SUBCLASS  HENRY, MICHAEL C  1623  514-054000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  CRAnge of correspondence address (or Change of Correspondence Address from PTO/SBV1/22) attached.  Creation of a single firm (having as a member a registered patent attorneys or agents from PTO/SBV1/22) attached.  Creation of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered attorney or agent). If no name is listed attorney or agent indication (or "Fee Address" Indication form pt/O/SBV1/Rev 0/3-02 or more recent) attached. Use of a Caustomer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filting an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Hill's Pet Nutrition, Inc.  400 Southwest 8th Street, Topeka, Kansas 66603  Please check the appropriate assignee category or categories (will not be printed on the patent):    Individual   Corporation or other private group entity   Government of Pec(s):   Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies     A check in the amount of the fee(s) is enclosed.     Publication Fee (No small entity discount permitted)   Payment by credit card Form PTO-2038 is attached.     A check in the amount of the fee(s) is enclosed.     Payment by credit card Form PTO-2038 is attached.     A phylicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).     A check in the amount of the fee(s) is enclosed.     Payment by credit card Form PTO-2038 is attached.     Payment by credit card Form PTO-2038 is attached.     Payment by credit card Form PTO-2038 is attached.     Payment by credit card Form PTO-2038 i	APPLN. TYPE	SMALL ENTITY	ISSUE F	ee	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
HENRY, MICHAEL C  1623  1. Change of correspondence address or indication of "Fee Address" (37  CFR 1.363).    Change of correspondence address for Change of Correspondence Address from PTO/SBV122) attached.   Change of correspondence address for Change of Correspondence Address from PTO/SBV122) attached.   Tee Address indication (or "Fee Address" Indication form PTO/SBV1729, Rev 03-02 or more recent) attached. Use of a Castomer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Hill's Pet Nutrition, Inc.  400 Southwest 8th Street, Topeka, Kansas 66603  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government at The following fee(s) are enclosed:    Issue Fee   Publication Fee (No small entity discount permitted)   A check in the amount of the fee(s) is enclosed.   Payment of Fee(s):   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to person the control of the USFTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the applicantion identified above. NOTE: The Issue Fee and Publication Fee (if equired) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party interest as shown by the records of the United States Fatent and Trademark Office.	nonprovisional	NO	\$1400	)	\$300	\$1700	09/14/2005
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   Change of correspondence address (or Change of Correspondence Address 'indication (or "Fee Address" indication form PTO/SB/1/22) attached.   Tee Address' indication (or "Fee Address" indication form PTO/SB/1/28) attached. Use of a Customer Number is required.   Assignee NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   (A) NAME OF ASSIGNEE   (B) RESIDENCE: (CITY and STATE OR COUNTRY)   Hill's Pet Nutrition, Inc.   400 Southwest 8th Street, Topeka, Kansas 66603   Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government   Advance Order - # of Copies   A check in the amount of the fee(s) is enclosed.   Payment of Fee(s):   A poplicant claims SMALL ENTITY status. See 37 CFR 1.27.   De Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.   De Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.   De Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   Authorized Signature   Mallel Advance Order - World States Patent and Trademark Office.   Date   July 14 , 2005	EXAMINER ART (		ART UN	IT	CLASS-SUBCLASS		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.     The Address form PTO/SB/122) attached.     The Address indication (or "Fee Address" Indication form PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Castomer Number is required.     The Address indication (or "Fee Address" Indication form PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Castomer Number is required.     ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.     (A) NAME OF ASSIGNEE   (B) RESIDENCE: (CITY and STATE OR COUNTRY)   Hill's Pet Nutrition, Inc.   400 Southwest 8th Street, Topeka, Kansas 66603   Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government	HENRY, I	AICHAEL C	1623		514-054000		
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Issue Fee  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number	Hill's Pet Nutrition, Inc. 400 Southwest 8th Street, Topeka, Kansas 66603						
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30293 by charge the required fee(s), or credi	4a. The following fee(s) are	enclosed:	4b	. Payment of	Fcc(s):		
Advance Order - # of Copies	Issue Fee			A check	in the amount of the fee(s) is end	losed.	
5. Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date July 14, 2005	Publication Fee (No :	small entity discount permitte	d)	Payment	by credit card. Form PTO-2038	is attached.	
a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other parry interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature	Advance Order - # o	f Copies	·	The Dire	ector is hereby authorized by chount Number 50295	arge the required fee(s), or enclose an extra o	credit any overpayment, to opy of this form).
Authorized Signature Westell Ray Puffers Date July 14, 2005	a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
	Inc Director of the USF10 is requested to apply the ISSUE Fee and Fublication Fee (if any) or to re-apply any previously paid issue fee to the application scentified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
	-	Mendell Ray G	ry Duf uffey	Bry			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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IN THE UNITED STATES P	ATENT AN	D TRADEMARK OFFICE
In re Application of	)	
Christina Khoo, et. al.	)	Art Unit: 1623
Serial No. 10/719,569	)	Examiner: Michael C. Henry
Filed: 11/21/2003	)	July 14 2005
For: Composition and Method	)	7097-00

## SUBMISSION OF ISSUE FEE

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexander, Virginia 22313-1450
Sir:

This paper is in response to the Notice of Allowance and Fee(s) Due, Form PTOL-85, mailed June 14, 2005, for payment of the Issue Fee due by September 14, 2005.

Submitted herewith is PTOL-85, Part B, in duplicate, charging \$1700 to Deposit Account No. 502957 in payment of the Issue Fee for the above-identified application.

A duplicate of the Form is included.

Please charge any shortage in fees or credit any excess fees to Deposit Account No. 502957.

Respectfully submitted,

Hill's Pet Nutrition, Inc. Capitol Tower Building 400 SW 8<sup>th</sup> Avenue Topeka, Kansas 66603 Wendell Ray Guffey Reg. No. 31,762

Phone: 785-286-8285

Email: ray guffey@hillspet.com

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 14, 2005 at facsimilg number 703-746-4000.

Wendell Ray Guffey